

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee CD, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address P. O. Box 1877			Amount 6750.00		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.6167		
Purpose of Expenditure online advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Scott Brown		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 4397116.16			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Crossroads Media, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 66 Canal Center Plaza Suite 555			Amount 150550.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6161		
Purpose of Expenditure media placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Scott Brown		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 3757465.71			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			157300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Nancy H. Watkins</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 31 / 2014	